## TOWN OF HUNTINGTON EMPLOYMENT APPLICATION

			Date_	
Please print legibly				
Name				
Last		First		М.
Street Address				
Stree	t	Town	State	Zip
Mailing Address				
(if different than above) Street		Town	State	Zip
Telephone Number				
Position(s) Applied For				
(1)	D	epartment		
(2)	D	epartment		
Are you at least 18 years	of age?			
Are you eligible to work in commencement of employment)	n the U.S.?	(Proof of eligibili	ty will be require	ed prior to
Are you licensed to opera	te a Motor Vehicle?	? C	class	
License #		Is your licen	se currently	valid?
Licenses/Certificates: Do practice a trade or profess		nses, Certificate	s other auth	orizations to
Name of Trade or Profession	License #	Issued I	Зу	City/State
Have you ever been conv If yes, identify	icted of a crime? _			

PLEASE COMPLETE REVERSE SIDE. APPLICATION MUST BE FULLY COMPLETED TO BE CONSIDERED

<u>EMPLOYMEN</u>	NT HISTORY (beginning w	ith most recent. If	more space is necess	ary, attach addition	al sheet)
Firm Name	Add	ress	Date	s (From)	(To)
 _ Position	Reason for Leaving			Salary	
Firm Name	Add	ress	Date	s (From)	(To)
  Position	Reason for Leaving			Salary	
HAVE YOU PREVIO	OUSLY WORKED FOR THE TOW	/N OF HUNTINGTO	N?NO	_YES WHEN?	
<b>EDUCATION</b>					
Schools Attended	Name & Address	Major Subject	Last Grade Completed	Degree Obtained	
High School					
College					
Graduate					
Other Training or Education					_
REFERENCES	(No Family Members)				
1.Name:		Relationship:	PI	none#:	
2.Name:		Relationship:	PI	none#:	
Applicant's Dec	claration:				
statements made	et to penalties of perjury, the e in accompanying papers) belief are true and correct.				
 Date		Sigr	nature of Applica	nt	

RETURN COMPLETED APPLICATION AND APPLICANT DATA FORM TO: *Town of Huntington, Personnel Office,* 100 Main Street, Huntington, NY 11743

## THE TOWN OF HUNTINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

(01/05) G:\DATA\PERSONNEL\APPLICA1.DOC

## APPLICANT DATA INFORMATION

Pursuant to federal regulations, the Town of Huntington collects responses to the questions below for record keeping purposes. The form will be detached from your application and will be kept separate and confidential. Providing this information is voluntary.

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Chec	k the box for the racial or ethnic group with which you identify:
	White
	Black
	Hispanic
	Asian or Pacific Islander
	American Indian or Alaskan Native
Check	the appropriate box:
	Female
	Male
Please	indicate your date of birth/
Please	indicate the position you have applied for: